



Eatontown Recreation
 (Borough Hall)
 47 Broad Street, Eatontown, NJ 07724
 (732) 389-7607 or email rec@eatontownnj.com

2016 FALL SOCCER CLINIC

Open to Eatontown Boys and Girls ages 3 – 5 years old as of September 2016. This Instructional Program is designed to introduce the game of soccer and will include the various skills and drills. The focus will be on learning soccer skills and having fun. Modified size goals and balls will be used. Each child will receive a t-shirt and a participation award.

Space is limited, registration is done on a first-come, first-serve basis. Maximum 30 players in each age group.

The Instructional Soccer Clinic will be conducted on Saturday mornings at Meadowbrook School (located on Wyckoff Road). Registration for the program will be from April 1, 2016 through August 31, 2016. The office hours for the Recreation Department are 8:30 AM – 4:30 PM.

All sessions will be held on the following **Saturdays: Sept. 10th, 17th, 24th, Oct. 1st, 8th, 15th.** All sessions are subject to change based on the number of enrollments.

3 Year Olds

9:00 AM – 10:00 AM

4 Year Olds

9:00 AM - 10:00 AM

5 Year Olds

9:00 AM - 10:00 AM

The fee for the program is \$60.00 per child or \$80.00 per family, per program. Checks must be made payable to the **“Borough of Eatontown”**. Refunds will only be given when requested prior to the first session. Free services are available to those without the ability to pay. Call the Recreation Office at (732) 389-7607. Late fee of \$20.00 per family applied beginning 09/01/16. Register online: <https://register.capturepoint.com/eatontown>

Registration form and payment are due Monday August 31, 2016 by 4:00PM.
www.eatontownrecreation.com - Friend us on Facebook - “Eatontown Recreation”

While the Borough of Eatontown maintains liability insurance covering the Borough for injuries or expenses occurring by reason of its negligence, the Borough does not carry insurance to provide payment for medical expenses occasioned by injuries unrelated to fault on the part of the Borough or its employees. Photos may be used for promotional purposes



Fall 2016 Soccer Clinic

Adult Last Name _____ Adult First Name _____

Address _____ Email-(Print Please) _____

Primary Telephone #: _____ Emergency #: _____

Participant Name	Age As if 9/16	DOB	(M/F)	T-Shirt Size Youth or Adult	Adult will coach yes or no
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Participant requires reasonable modifications because of a disability to participate. Yes _____ No _____